CCS TRAINING WORKSHEET

Group Home: Audit Period:													
Date	Training Subject	Offsite/ Onsite	Short Summary Yes/No	Name of Trainer	Qualified Trainer Yes/No	CCW Signature/ Certificate	Length of Training	Number of Trainees	Training Hours Claimed	Training Hours Paid	Training Hours	Training Hours Disallowed	Reasons for Disallowance
Totals													

Prepared by Initials DATE

Approved by Initials DATE